

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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PMUSE

STATE OF HAWAII STATE ETHIOS COMMISSION

LOBBYIST REGISTRATION FORM

(Type of Pfilit Cleany)					
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
NIP	CELESTE		808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(Zip (Code)		
Honolulu	Hawaii	96813	3-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
G.A. MORRIS, INC.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(Zip (Code)		
HONOLULU	HAWAII	9	6813-2453		

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU	Telephone 916/583-9300				
DUIL ID MODDIE LIEA INC. DV I					
PHILIP MORRIS USA INC., BY IT	•				
MAILING ADDRESS (Street)	FAX 916/583-9330				
1415 L STREET, SUITE 1150					
(City)	(State)	(Zip Code)			
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SACRAMENTO	CA	95814			
NAME OF DEDSON DESDONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 916/583-9300			
NAME OF PERSON RESPONSIBLE	TEELI TIONE 310/003-3000				
DAVID TOVAR					
MAILING ADDRESS (Street)	FAX 916/583-9330				
WAILING ADDRESS (Street)		170000000000000000000000000000000000000			
1415 L STREET, SUITE 1150					

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(City)	(State)	(Zip Code	(Zip Code)		
SACRAMENTO	CA	95814			
PART III DESCRIPTION (OF SUBJECTS UPON WHICE	H YOU EXPECT TO LOBBY			
[] Agriculture	[] Education	[] Human Services	[X] Science, Technology & Economic Development		
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[X] Tourism & Recreation		
[X] Consumer Protection & Commerce	[] Hawaiian Affairs	[X] Labor & Employment	[] Transportation		
Culture, Arts, Historic Preservation Ecology, Energy	[X] Health	[] Planning, Land & Water Use Management	[x] Other: (indicate below)		
Environmental Protection		[] Public Safety & Corrections			
DART IV OFFICIOATION	V OF LODDWIST				
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. O1/3/a=					
coal to	(Signature of Lobbyist)	4444	(Date)		
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF ALITHORIZING OFFICE	R OR PERSON REPRESENTED		
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED DAVID TOVAR REGIONAL DIRECTOR, GOVERNMENT AFFAIRS					
NAME OF ORGANIZATION (if applicable)			LEPHONE 916/583-9300		
ALTRIA CORPORATE SERVICES, INC., ON BEHALF OF PHILIP MORRIS USA INC.					
MAILING ADDRESS (Street)		FA	X 916/583-9330		
1415 L STREET, SUITE 1150					
(City)	(State)		c Code)		
SACRAMENTO	CA 95814				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
01/3/05					
(Signat	ure of Authorizing Officer or Person	Represented)	(Date)		